

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Nita Lowey for Congress			
ADDRESS (number and street) PO Box 271			
CITY, STATE, and ZIP CODE White Plains NY 10605			
2. NAME OF CANDIDATE Nita M Lowey	3. OFFICE SOUGHT (State and District) House NY 17		4. FEC IDENTIFICATION NUMBER C00219881
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer N/A		Date (month, day, year) 06/19/2014	Amount 1000.00
Transaction ID : C20728862			
Occupation Retired			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer N/A		Date (month, day, year) 06/19/2014	Amount 400.00
Transaction ID : C20728842			
Occupation Retired			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer N/A		Date (month, day, year) 06/19/2014	Amount 600.00
Transaction ID : C20728843			
Occupation Retired			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Self-Employed		Date (month, day, year) 06/19/2014	Amount 2600.00
Transaction ID : C20728845			
Occupation Clergyperson			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer none		Date (month, day, year) 06/18/2014	Amount 1000.00
Transaction ID : C20727427			
Occupation homemaker			
SIGNATURE (optional) Richard Melnikoff		DATE 06/20/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Robert Wolf 9 Westerleigh Road Purchase NY 10577	Name of Employer 32 Advisors Transaction ID : C20728860 Occupation CEO - Banking	Date (month, day, year) 06/19/2014	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount